

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 2872)
Examiner: To Be Assigned)
Inventor(s): Robert W. Gilbert)
Serial No. 10/088,939)
Filed: March 21, 2002)
Title: VIBRATION SUPPRESSED)
VEHICLE MIRROR)

Attorney Docket No. BRI-00064

REQUEST FOR CHANGE
OF CORRESPONDENCE
ADDRESS

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Washington, D.C. 20231

Sir:

Please change your records to direct all future correspondence for the above-referenced patent application to applicant's address, which is as follows:

Philip R. Warn
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and direct all telephone calls to Philip R. Warn at (248) 364-4300.

Respectfully submitted,

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Philip R. Warn
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Dated: January 13, 2003
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
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
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/088,939
	Filing Date	March 21, 2002
	First Named Inventor	Robert W. Gilbert
	Group Art Unit	2872
	Examiner Name	To Be Assigned
Total Number of Pages in This Submission	Attorney Docket Number	BRI-00064

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="text-align: center;">Return Receipt Postcard</div>
<div style="border: 1px solid black; padding: 5px;"> Remarks Applicant believes no fee to be due for the attached filing, however, should additional fees be due in order to prevent the abandonment of this application, please consider this as authorization to charge Deposit Account No. 501612 (Warn, Burgess & Hoffmann, P.C.) for any such fees due. A duplicate copy of this document is enclosed for this purpose. </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Warn, Burgess & Hoffmann, P.C. Philip R. Warn - Reg No. 32775
Signature	
Date	January 13, 2003

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